

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Title::	ANKLE FRACTURE BRACE WITH BREAK-AWAY ARM
Attorney Docket Number::	P06626US0
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition included?::	No
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl?::	

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Steve
Middle Name::	
Family Name::	SENSABAUGH
Name Suffix::	
City of Residence::	Palm Harbor
State or Province of Residence::	Florida
Country of Residence::	US
Street of mailing address::	648 Still Meadow Circle East
City of mailing address::	Palm Harbor
State or Province of mailing address::	Florida
Country of mailing address::	US
Postal or Zip Code of mailing address::	34683

Correspondence Information

Correspondence Customer Number:: 34082
Name:: Zarley Law Firm, P.L.C.
Street of mailing address:: Capital Square, 400 Locust Street,
Suite 200
City of mailing address:: Des Moines
State or Province of mailing IA
Address::
Country of mailing address:: US
Postal Zip Code or mailing 50309-2350
Address::
Phone number:: 515-558-0200
FAX number:: 515-558-7790
E-Mail address:: dzarley@zarleylaw.com

Representative Information

Representative Customer Number::	34082	
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Representative Designation::	Registration Number::	Representative Name::
Primary	18,543	Donald H. Zarley
Associate	45,253	Timothy J. Zarley
Associate	50,153	James J. Lynch

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Restorative Care of America Incorporated
Street of mailing address:: 12221 33rd Street North
City of mailing address:: St. Petersburg
State or Province of mailing address:: Florida
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33716